



2016 Youth Tennis Tournaments

Everyone's a winner in the Youth Tennis Tournament. The tournament emphasizes match play development in a fun competitive format. Two USTA sanctioned divisions.

10 and Under Division. For youth ages 9-10. Uses kid-sized courts and rackets and low compression balls.

Summer Tournament

WHEN: Saturday, June 4, 11 a.m.-5 p.m.
COST: \$28 Resident/\$33 Nonresident
COURSE NUMBER: 54792
REGISTRATION DEADLINE: May 27

Fall Tournament

WHEN: Saturday, Sept. 3, 11 a.m.-5 p.m.
COST: \$28 Resident/\$33 Nonresident
COURSE NUMBER: 55120
REGISTRATION DEADLINE: Aug. 19

12 and Under Division. For youth ages 11-12. Uses standard courts and rackets and green dot balls.

Spring Tournament

WHEN: Saturday, April 30, 8 a.m.-5 p.m.
COST: \$33 Resident/\$38 Nonresident
COURSE NUMBER: 54793
REGISTRATION DEADLINE: April 15

Fall Tournament

WHEN: Saturday, Aug. 27, 8 a.m.-5 p.m.
COST: \$33 Resident/\$38 Nonresident
COURSE NUMBER: 55722
REGISTRATION DEADLINE: Aug. 12

WHERE: City of Rockville Tennis Courts - TBA

Racket not supplied.

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www.facebook.com/rockville.sports.leagues



4 WAYS TO REGISTER

1. **Online:** www.rockvillemd.gov/recreation click on "Rock Enroll" under "Quick Links"
2. **Fax to:** 240-314-8659
3. **Mail to:** Rockville City Hall, c/o Dept. of Rec. and Parks, 111 Maryland Ave., 20850
4. **Walk-In:** City Hall, 111 Maryland Ave.
Hours: 8:30 a.m.-5 p.m.

Youth Tennis Registration Form 2016

MAIN CONTACT: *required information*Home/Cell Phone: _____ ☐ Check here if new address/phone since last time registered.

*Last Name _____ First Name _____ DOB: / / Sex: M/F

*Address: _____

*City/State/Zip _____

*Work Phone _____ * Email Address: _____

EMERGENCY CONTACT: (other than parent or adult participant)

First Name _____ Last Name _____ Phone _____

PARTICIPANTS: Divisions: ☐ 10-under ☐ 12-under USTA Ranking / Ability level: _____

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Sch. Yr. '14-'15 Grade	Fee

USTA Membership #: _____

Additional Contribution to Recreation Fund: \$ _____

Total: \$ _____

Individuals with disabilities needing modifications to participate should contact our office prior to activity: 240-314-8620

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian _____

PAYMENTReceived by: ☐ Mail In ☐ Online ☐ FaxAmount Paid \$ _____ Cash ☐ Check # _____

Exp. Date ____ / ____

Signature (name on card) _____

OFFICE USE ONLY:

Check _____ Cash _____ Charge _____

Other _____

Processed by: _____

Date Processed: _____

Total Paid: \$ _____